



Rep. Kelly M. Cassidy

Filed: 3/13/2015

09900HB3321ham001

LRB099 00141 KTG 32618 a

1 AMENDMENT TO HOUSE BILL 3321

2 AMENDMENT NO. _____. Amend House Bill 3321 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Alcoholism and Other Drug Abuse and
5 Dependency Act is amended by changing Section 5-23 as follows:

6 (20 ILCS 301/5-23)

7 Sec. 5-23. Drug Overdose Prevention Program.

8 (a) Reports of drug overdose.

9 (1) The Director of the Division of Alcoholism and
10 Substance Abuse may publish annually a report on drug
11 overdose trends statewide that reviews State death rates
12 from available data to ascertain changes in the causes or
13 rates of fatal and nonfatal drug overdose for the preceding
14 period of not less than 5 years. The report shall also
15 provide information on interventions that would be
16 effective in reducing the rate of fatal or nonfatal drug

1 overdose.

2 (2) The report may include:

3 (A) Trends in drug overdose death rates.

4 (B) Trends in emergency room utilization related
5 to drug overdose and the cost impact of emergency room
6 utilization.

7 (C) Trends in utilization of pre-hospital and
8 emergency services and the cost impact of emergency
9 services utilization.

10 (D) Suggested improvements in data collection.

11 (E) A description of other interventions effective
12 in reducing the rate of fatal or nonfatal drug
13 overdose.

14 (b) Programs; drug overdose prevention.

15 (1) The Director may establish a program to provide for
16 the production and publication, in electronic and other
17 formats, of drug overdose prevention, recognition, and
18 response literature. The Director may develop and
19 disseminate curricula for use by professionals,
20 organizations, individuals, or committees interested in
21 the prevention of fatal and nonfatal drug overdose,
22 including, but not limited to, drug users, jail and prison
23 personnel, jail and prison inmates, drug treatment
24 professionals, emergency medical personnel, hospital
25 staff, families and associates of drug users, peace
26 officers, firefighters, public safety officers, needle

1 exchange program staff, and other persons. In addition to
2 information regarding drug overdose prevention,
3 recognition, and response, literature produced by the
4 Department shall stress that drug use remains illegal and
5 highly dangerous and that complete abstinence from illegal
6 drug use is the healthiest choice. The literature shall
7 provide information and resources for substance abuse
8 treatment.

9 The Director may establish or authorize programs for
10 prescribing, dispensing, or distributing naloxone
11 hydrochloride or any other similarly acting and equally
12 safe drug approved by the U.S. Food and Drug Administration
13 for the treatment of drug overdose. Such programs may
14 include the prescribing of naloxone hydrochloride or any
15 other similarly acting and equally safe drug approved by
16 the U.S. Food and Drug Administration for the treatment of
17 drug overdose to and education about administration by
18 individuals who are not personally at risk of opioid
19 overdose.

20 (2) The Director may provide advice to State and local
21 officials on the growing drug overdose crisis, including
22 the prevalence of drug overdose incidents, trends in drug
23 overdose incidents, and solutions to the drug overdose
24 crisis.

25 (c) Grants.

26 (1) The Director may award grants, in accordance with

1 this subsection, to create or support local drug overdose
2 prevention, recognition, and response projects. Local
3 health departments, correctional institutions, hospitals,
4 universities, community-based organizations, and
5 faith-based organizations may apply to the Department for a
6 grant under this subsection at the time and in the manner
7 the Director prescribes.

8 (2) In awarding grants, the Director shall consider the
9 necessity for overdose prevention projects in various
10 settings and shall encourage all grant applicants to
11 develop interventions that will be effective and viable in
12 their local areas.

13 (3) The Director shall give preference for grants to
14 proposals that, in addition to providing life-saving
15 interventions and responses, provide information to drug
16 users on how to access drug treatment or other strategies
17 for abstaining from illegal drugs. The Director shall give
18 preference to proposals that include one or more of the
19 following elements:

20 (A) Policies and projects to encourage persons,
21 including drug users, to call 911 when they witness a
22 potentially fatal drug overdose.

23 (B) Drug overdose prevention, recognition, and
24 response education projects in drug treatment centers,
25 outreach programs, and other organizations that work
26 with, or have access to, drug users and their families

1 and communities.

2 (C) Drug overdose recognition and response
3 training, including rescue breathing, in drug
4 treatment centers and for other organizations that
5 work with, or have access to, drug users and their
6 families and communities.

7 (D) The production and distribution of targeted or
8 mass media materials on drug overdose prevention and
9 response.

10 (E) Prescription and distribution of naloxone
11 hydrochloride or any other similarly acting and
12 equally safe drug approved by the U.S. Food and Drug
13 Administration for the treatment of drug overdose.

14 (F) The institution of education and training
15 projects on drug overdose response and treatment for
16 emergency services and law enforcement personnel.

17 (G) A system of parent, family, and survivor
18 education and mutual support groups.

19 (4) In addition to moneys appropriated by the General
20 Assembly, the Director may seek grants from private
21 foundations, the federal government, and other sources to
22 fund the grants under this Section and to fund an
23 evaluation of the programs supported by the grants.

24 (d) Health care professional prescription of drug overdose
25 treatment medication.

26 (1) A health care professional who, acting in good

1 faith, directly or by standing order, prescribes or
2 dispenses an opioid antidote to a patient who, in the
3 judgment of the health care professional, is capable of
4 administering the drug in an emergency, shall not, as a
5 result of his or her acts or omissions, be subject to
6 disciplinary or other adverse action under the Medical
7 Practice Act of 1987, the Physician Assistant Practice Act
8 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
9 or any other professional licensing statute.

10 (2) A person who is not otherwise licensed to
11 administer an opioid antidote may in an emergency
12 administer without fee an opioid antidote if the person has
13 received the patient information specified in paragraph
14 (4) of this subsection and believes in good faith that
15 another person is experiencing a drug overdose. The person
16 shall not, as a result of his or her acts or omissions, be
17 liable for civil damages, except for willful or wanton
18 misconduct, and shall not, as a result of his or her acts
19 or omissions, be liable for any violation of the Medical
20 Practice Act of 1987, the Physician Assistant Practice Act
21 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
22 or any other professional licensing statute, or subject to
23 any criminal prosecution arising from or related to the
24 unauthorized practice of medicine or the possession of an
25 opioid antidote.

26 (3) A health care professional prescribing an opioid

1 antidote to a patient shall ensure that the patient
2 receives the patient information specified in paragraph
3 (4) of this subsection. Patient information may be provided
4 by the health care professional or a community-based
5 organization, substance abuse program, or other
6 organization with which the health care professional
7 establishes a written agreement that includes a
8 description of how the organization will provide patient
9 information, how employees or volunteers providing
10 information will be trained, and standards for documenting
11 the provision of patient information to patients.
12 Provision of patient information shall be documented in the
13 patient's medical record or through similar means as
14 determined by agreement between the health care
15 professional and the organization. The Director of the
16 Division of Alcoholism and Substance Abuse, in
17 consultation with statewide organizations representing
18 physicians, advanced practice nurses, physician
19 assistants, substance abuse programs, and other interested
20 groups, shall develop and disseminate to health care
21 professionals, community-based organizations, substance
22 abuse programs, and other organizations training materials
23 in video, electronic, or other formats to facilitate the
24 provision of such patient information.

25 (4) For the purposes of this subsection:

26 "Opioid antidote" means naloxone hydrochloride or any

1 other similarly acting and equally safe drug approved by
2 the U.S. Food and Drug Administration for the treatment of
3 drug overdose.

4 "Health care professional" means a physician licensed
5 to practice medicine in all its branches, a physician
6 assistant who has been delegated the prescription or
7 dispensation of an opioid antidote by his or her
8 supervising physician, an advanced practice registered
9 nurse who has a written collaborative agreement with a
10 collaborating physician that authorizes the prescription
11 or dispensation of an opioid antidote, or an advanced
12 practice nurse who practices in a hospital or ambulatory
13 surgical treatment center and possesses appropriate
14 clinical privileges in accordance with the Nurse Practice
15 Act.

16 "Patient" includes a person who is not at risk of
17 opioid overdose but who, in the judgment of the physician,
18 may be in a position to assist another individual during an
19 overdose and who has received patient information as
20 required in paragraph (2) of this subsection on the
21 indications for and administration of an opioid antidote.

22 "Patient information" includes information provided to
23 the patient on drug overdose prevention and recognition;
24 how to perform rescue breathing and resuscitation; opioid
25 antidote dosage and administration; the importance of
26 calling 911; care for the overdose victim after

1 administration of the overdose antidote; and other issues
2 as necessary.

3 (Source: P.A. 96-361, eff. 1-1-10.)

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.".